

EXHIBIT 1



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Health

Regional Health Administrator  
Region VI

1301 Young Street  
Suite 1124  
Dallas, TX 75202



June 28, 2016

Terry L. Cline, Ph.D.  
Commissioner of Health  
Oklahoma State Department of Health  
1000 NE 10th  
Oklahoma City, OK 73117

RE: Grant Number FPHPA066194

Dear Dr. Cline:

The Federal Title X program review for the Oklahoma State Department of Health was conducted May 2-5, 2016. Your Title X program supports excellent projects and activities and we applaud your efforts to increase services and quality throughout the system.

The purpose of the review is to provide the Regional Office with an evaluation of the Oklahoma State Department of Health's compliance with the Title X requirements and alignment with the Quality Family Planning (QFP) guidelines as set out in *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*. This report addresses the administrative, fiscal, and clinical aspects of the Title X program and provides information to continue to strengthen your efforts.

I would like to highlight some of the review's major findings. Overall, the reviewers were impressed with the dedication and commitment to family planning in both the central office staff as well as in the field. Required areas to be addressed include:

- Ensuring client privacy during intake and financial interviews (see page 12)
- Ensuring clients with limited English proficiency are aware of translation services available to them (page 16)
- Ensuring appropriate application of Title X requirements with respect to charges on the sliding fee schedule (page 21)

With respect to quality family planning guidelines, many aspects of OSDH's program are fully developed, but some policies and procedures require modification to be in alignment with QFP recommendations (see pages 30-33).

Please review the report and respond to the findings in writing with a plan of action to address them by August 5, 2016.

On behalf of the site assessment review team, I want to thank you and all of your staff for the cooperation and hospitality extended during the visit. If you or your staff have any questions concerning any items in the report, please contact Dr. Liese Sherwood-Fabre at (214) 767-3060.

Sincerely,



Epifanio (Epi) Elizondo, Ph.D., PA-C  
Regional Health Administrator, Region VI  
Rear Admiral, Assistant Surgeon General,  
U.S. Public Health Service

Attachment

cc: GrantSolutions

Joyce Marshall, MPH

Jill Nobles-Botkin, APRN-CNM

***PROGRAM REVIEW  
TITLE X FAMILY PLANNING PROJECT  
OKLAHOMA STATE DEPARTMENT OF HEALTH***

**May 2-5, 2016**

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## **BACKGROUND INFORMATION**

**Grantee Name:** Oklahoma State Department of Health

**Grantee Number:** FPHPA066194

**Project Address:** 1000 NE 10<sup>th</sup> Street  
Oklahoma City, Oklahoma 73117

**Site Visit Dates:** May 2- 5, 2016

**Program Review Team Members:**

Liese Sherwood-Fabre, PhD	Administrative/Community Outreach and Education Review Team Leader
Lawrence Peaco, MPA	Financial Services
Cristino Rodriguez, FNP-C	Clinical Services

**Department of Health and Human Services (DHHS) Region VI Staff:**

Liese Sherwood-Fabre, PhD

**Department of Health and Human Services (DHHS) Region VI Staff:**

May 2, 2016 Briefing

Oklahoma State Department of Health

Nancy Bacon, Nutrition Consultant  
Ann Benson, Advanced Practice Coordinator  
Joni Bruce, Oklahoma Family Network Executive Director  
Dawn Butler, MCH Administrative Support  
Peggy Byerly, Early Childhood Coordinator  
Jeanette Cline, QI Coordinator  
Dana Coles, Perinatal and Reproductive Health Epidemiologist  
Mark R. Densett, Community and Family Health Services  
Angela Dickson, Public Health Social Work Coordinator  
Ira Farley, Health Educator  
Tony Fleshmann, Nurse Manager  
Shannon Gormley, Executive Assistant, MCH  
Audie Hamman, Internal Audit Manager  
Neil Hann, Assistant Deputy, CFHS Administration  
Mack S. Harris, Financial Services, Grants Reporting  
Ashley Hillemeier, Interim Agency Procurement Officer  
Jay Holland, Director, Internal Auditor  
Ashley Hoobler, MCH-CAH Health Educator  
Ayesha Lampkins, PRAMS/Tots Program Manager  
Alicia Lincoln, Child and Adolescent Health  
Lynette Mackey, Nurse Practitioner

Carolyn Marriott, Contract Monitor  
Joyce Marshall, Director, MCH Services  
Gunnar McFadden, Administrative Coordinator  
Pam Miles, Medical Consultant, Title X  
Jill Nobles-Botkin, MCH/PRH Administrative Program Manager  
Paul Patrick, MCH Assessment  
Edd Rhoades, Medical Director, Community and Family Health  
Angela Steinle, Social Work Intern  
Amy Terry, MCH/CAH Adolescent Health Coordinator  
Sean Tomlinson, Financial Management  
Mick Truitt, Assistant CFO  
LaBetta Wallenmeyer, NP Consultant  
Shirley Ward, Administrative Assistant, PRH

May 3, 2016

Comanche County Health Department

Nancy Bacon, MCH Nutrition Consultant/State Review Team Lead  
Marquise Bishop, CCHD-HE  
Gail Byber, Business Manager  
Patsy Cooper, NP  
Sharlet Rena Evans, District Nurse Manager  
Tony Fleshman, RN  
Lana Fry, Administrative Assistant, Clerical Support  
Sarah Lambaria, Health Educator  
Ayesha Lampkins, MCH Consultant (PRAMS/ToTs Project Manager)  
Joyce Marshall, MCH Director, OSDH  
Leah Mays, RN  
Nicki McCray, MA  
Johnette Miller, APO  
LaCresha Mitchel, Front Desk Clerk  
Jill Nobles-Botkin, PRH Administrative Program Manager  
Brandie O'Connor, Regional Director  
Bob Richardson, Internal Auditor II  
LaBetta Wallenmeyer, NP Consultant  
Sarah Whittington, RN II  
Zachery Williams, Internal Auditor II  
Melissa Wilson, Records Consultant

May 4, 2016

Oklahoma City-County Health Department (OCCHD)

Tiffany Elmore, OCCHD, Administrator of Clinical Services  
Lacey Gann, RN  
Karina Hernandez, Front Desk Clerk

Kaitlin Hostetter, Public Health Nurse  
Jenny LeGrande, Public Health Nurse, Supervisor  
Joyce Marshall, OSDH, MCH Director  
Patrick McGough, Deputy Director, OCCHD  
Tony Miller, Director of Finance, OCCHD  
Jill Nobles-Botkin, OSDH, Perinatal and Reproductive Health  
Kerri Stewart, Public Health Nurse, Clinical Supervisor  
Joyce Tow, CNP  
Diane Wermy, Office Manager

May 5, 2016 Debriefing:

Oklahoma State Department of Health

Nancy Bacon, Nutrition Consultant  
Joni Bruce, Oklahoma Family Network Executive Director  
Dawn Butler, MCH Administrative Support  
Peggy Byerly, Early Childhood Coordinator  
Jeanette Cline, QI Coordinator  
Dana Coles, Perinatal and Reproductive Health Epidemiologist  
Ira Farley, Health Educator  
Tony Fleshmann, Nurse Manager  
Shannon Gormley, Executive Assistant, MCH  
Neil Hann, Assistant Deputy, CFHS Administration  
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Joyce Marshall, Director, MCH Services  
Pam Miles, Medical Consultant, Title X  
Jill Nobles-Botkin, MCH/PRH Administrative Program Manager  
Paul Patrick, MCH Assessment  
Angela Steinle, Social Work Intern  
Amy Terry, MCH/CAH Adolescent Health Coordinator  
LaBetta Wallenmeyer, NP Consultant

**Materials Supplied Prior to the Visit**

***FORMS***

335 Early Start Consent Form  
336 Emergency Contraception Consent Form  
393 Family Planning Initial/Annual Visit  
395 Pregnancy Screening  
637 Emergency Contraception History & Assessment  
657 Early Start Depo History & Exam  
873 Early Start Oral Contraceptive History & Assessment

875 Family Planning Problem Visit  
876 Family Planning Counseling & Education  
1010 Etonogestrel Implant/Removal Procedure  
Birth Control Guide  
ODH 303C Consent for Services (English & Spanish)  
303L Screening and Test Results  
330 Contraceptive Follow-Up Form  
ODH337 Natural Family Planning Fact Sheet  
ODH337B Birth Control Fact Sheet  
ODH337C IUD Fact Sheet  
ODH337D Diaphragm Fact Sheet  
ODF337F Spermicide Fact Sheet  
ODH337H Male Condom Fact Sheet  
ODH337I Patch Fact Sheet  
ODH337J Vaginal Ring Fact Sheet  
ODH337K Implantable Rod Fact Sheet  
ODH337L Sponge Fact Sheet  
ODH337M Emergency Contraception Fact Sheet  
ODH340 Birth Control Shot Fact Sheet  
ODH638 Early Start History & Assessment Combined Hormonal Contraception (Pill, Patch, Ring)  
ODH902 Missed Oral Contraceptive Pill Fact Sheet (Bilingual)  
ODH903 Missed Vaginal Ring Contraceptive Fact Sheet  
904 Missed Transdermal Patch Fact Sheet  
ODH1055 Client Visit History & Allergies  
ODH1105 Basic Infertility Visit  
ODHP348B Osteoporosis  
P337 IUC Insertion Procedure  
P338 Family Planning Services Risk & Benefit Sheet  
P348 Vitamins and Using the Pill

*FAMILY PLANNING POLICY AND PROCEDURES MANUAL*

*QUALITY ASSURANCE/QUALITY IMPROVEMENT*

CCPP 2016 –County Community Participation, Education, and Project Promotion Plan Template  
CHD (County Health Department) Annual Monitoring Site Visit Tool  
Comprehensive Program Review (CPR)  
    CPRTeam Evaluation Summaries for 2015 and 2016  
    Federal and State Required Posters  
    Minutes MCH Comprehensive Program Review Staff Meeting  
SV TOOL – Site Visit Tool Family Planning Chart Audit  
SV TOOL – List of County Documents to Have Ready  
SV TOOL – Administrative Tool  
SV TOOL – Financial Tool  
SV TOOL – Public Health Enabling Tool



**SV TOOL – Clinical Services Tool**

Team Evaluations for Comprehensive Program Review  
Client Satisfaction Survey (English & Spanish)  
Survey Monkey CARS (Community Activity Reporting)  
Survey Monkey QI (Quality Improvement Reporting)

***TRAINING***

Community Participation & QI Training 3/30/15  
MCH Training Calendar SFY 2016  
Needs Assessment Results 2015-2016

***EDUCATIONAL MATERIAL***

FP Services Brochure  
Men's Health Brochure  
Women's Health Assessment

***ORIENTATION***

MCH Orientation Manual  
New Employee Orientation Signature Sheet

Memoranda of agreement with other programs

**Documents reviewed at the Clinic Level**

Constitution and by-laws of Advisory board, if delegated to site  
Annual reports  
Financial records, including any audits completed  
Certificate/reports: fire inspection, state licensure, sanitation, CLIA, OSHA, ADA  
Internal medical audit policies and procedures  
Emergency and Disaster plans (medical and non-medical)  
Clinic education brochures, public information materials—Site-specific and OSDH-supplied  
The schedule of discounts for clients at/below 250% of poverty level for sub-recipients  
Client Sterilization records  
Abnormal laboratory results and follow-up records  
Documentation of community education and outreach  
Pharmacy Records, especially of any stock-outs  
Client charts: Initial visit, return visit, adolescents, males and pregnancy-test only clients

## ***OVERVIEW OF THE PROJECT***

### **History and Development**

The Oklahoma State Department of Health (OSDH) and State Board of Health were created with the passage of the Oklahoma Public Health Code on July 1, 1963. The State Department of Health was to consist of the Commissioner of Health and such divisions, sections, bureaus, office and positions as established by the Board of Health and by law. Currently state health services are organized under a Governor-appointed Secretary for Health. The current Commissioner of Health is also the Secretary of Health.

### **Description of the Program**

The Oklahoma State Department of Health Family Planning Program (OSDH FPP) is administered within the Perinatal and Reproductive Health Division of the Maternal & Child Health Service, a part of the Community & Family Health Services. The OSDH Family Planning (FP) Program is responsible for assuring compliance with Title X policy, procedure, and administration of funds. Day-to-day coordination of Title X project activities is the responsibility of the Administrative Program Manager of PRHD, who reports directly to the Director of MCH, who reports directly to the Deputy Commissioner of the CFHS. The Deputy Commissioner of the CFHS answers directly to the Commissioner of Health.

OSDH has administered the Title X family planning program for more than forty years.

The public health system in Oklahoma includes the OSDH with its statewide county health department system and the two city county health departments in Oklahoma County and in Tulsa County, which are administratively separate from the OSDH system and have their own personnel systems. The county health departments are OSDH administrative units. Altogether, clinical and educational services are provided through 87 county health sites and 8 contract agency sites across the state, located in 70 of the 77 counties. The clinical services are provided through the Community Health Services' County District Administration, Nursing Service, Community Development Service, and Record Evaluation and Support. These entities provide service delivery and assist with program monitoring. The Medical Director is available by contract through OUHSC.

Oklahoma Health Care Authority (OHCA), the state Medicaid agency, changed their family planning services 1115B waiver to a State Plan Amendment (SPA) on September 1, 2011 (now, SoonerPlan). The SPA includes hormonal contraceptive sub-dermal implant and the HPV vaccination, which were previously not included in the family planning waiver. Sterilization is not provided through the Title X FP project, although the SPA covers both male and female sterilizations.

### **The Title X Program Review Process**

At the start of the process, the regional office and OSDH negotiated the dates for the review and the sites to be visited. Following these decisions, the regional office provided a list of documents to be compiled, including policies and protocols, board meeting minutes, and medical charts (at the clinic sites).

The region office staff also provided both review consultants and OSDH with the protocol to be used during the visit. The instrument, developed to coincide with the Title X requirements and Quality Family Planning guidelines issued in April, 2014 (*Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*), reflects current federal regulations and guidelines. The tool guides the review team's assessment of grantee policies and procedures and on-site observations and evaluations of program operations for evidence of compliance with grantee policies and procedures based on these requirements and QFP guidelines.

#### *Title X Program Requirements Assessment*

This assessment relates to the grantee's compliance with the statute and regulations. For these requirements, the grantee will receive an assessment of compliance and will receive a rating of "met", "not met", or "N/A" (not applicable). The evidence that minimum criteria have been met will be based on both grantee and sub-recipient records and observation at grantee administrative offices and selected service sites as part of the monitoring process. Evidence may include—but is not limited to—policies, procedures, protocols, documentation of training, direct visual confirmation per consultants and/or regional office staff to ensure that what is contained in written policy or instructions is actually being carried out, and/or any other form of documentation substantiating the project is operating in accordance with the Title X Program Requirements

#### *QFP Quality Assessment*

This assessment reflects the extent to which the grantee has implemented key aspects of QFP. Grantees will be assessed using the list of items providing evidence of various aspects of quality services. The number of items identified serves as a means of recognizing grantee achievements as well as identify areas in need of improvement and/or technical assistance.

#### *Assessment Timeline*

Before the review, OSDH and the sites selected for visits were requested to compile a series of documents including policies and protocols, board meeting minutes, and medical charts (at the clinic sites); arrange for interviews with central office staff; and schedule a initial and debriefing meeting with Departmental representatives.

At the initial meeting, the team discussed the review process, and OSDH provided an overview of the project. Following meetings at the central office the morning of the first review day, the team visited two different clinic sites.

At the conclusion of the each clinic visit, the team gave an oral report to clinic and accompanying central office staff. At a formal exit conference, the reviewers reported on the findings related to compliance in each area. This written report follows the same format and contains major findings and recommendations as reported by the review team to OSDH at the exit conference on May 5, 2016. In the recommendation statements, a "must" references OSDH non-compliance to federal regulations. Additionally, quality assessment ratings indicate the

extent to a program has achieved various aspects of QFP. In this section, a “should” references strong program suggestions and recommends the program evaluate the information in the interest of continued improvement of program operations.

## Title X Program Requirements

### *Administrative Aspects*

#### **8. Project Management and Administration**

##### **8.1 Voluntary Participation**

###### **8.1.1 Prohibition of Coercion**

Title X projects must “provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2))

Such requirements are met through institutionalizing administrative procedures (i.e., staff training, clinical protocols, and consent forms) to ensure clients receive services on a voluntary basis.

###### Observations:

The policies and procedures for the service and contract sites’ responsibilities include the voluntary nature the program. The program also includes a general consent form and a family planning risk and benefit form that indicates the voluntary nature of the services. All family planning staff sign an Annual Title X Reminder that includes this statement.

###### Finding:

This requirement was MET.

###### **8.1.2 Prohibition of Prerequisite for Other Services**

Title X projects must ensure that “acceptance of services must...not be made a prerequisite to eligibility for, or receipt of, any services, assistance from or participation in any other program of the applicant.” (Section 1007, PHS Act; 42 CFR 59.5 (a)(2))

This requirement is met through institutionalizing administrative procedures (e.g., staff training, clinical protocols, and consent forms) to ensure clients’ receipt of family planning services is not used as a prerequisite to receipt of other services from the service site.

###### Observations:

The policies and procedures for the service and contract sites’ responsibilities include this prohibition. The program also requires clients to sign a family planning risk and benefit form that states this prohibition. All family planning staff sign an Annual Title X Reminder that includes this statement.

###### Finding:

This requirement was MET.

### **8.1.3 Prosecution for Coercion**

Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

Evidence that this requirement has been met includes 1) written policies and procedures 2) documentation that staff has been informed at least once during the project period, and 3) documentation exists at the sub-recipient level that staff has been informed.

#### Observations:

The policies and procedures for the service and contract sites' responsibilities include this statement. All family planning staff sign an Annual Title X Reminder that includes this statement.

#### Finding:

This requirement was MET.

### **8.2 Prohibition on Abortion**

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning.

Systems must be in place to assure adequate separation of any non-Title X activities from the Title X project. These include policies and procedures regarding the prohibition as well as for the separation of Title X services.

In addition grantees have documented processes to ensure that they and any sub-recipients are in compliance with Section 1008, including language in any sub-recipient contracts addressing this requirement.

#### Observations:

The policies and procedures for the service and contract sites' responsibilities include this statement and is also included in the sub-recipient agreement. See also Financial Requirements.

#### Finding:

This requirement was MET.

### **8.3 Structure and Management**

#### **8.3.1 Written Agreements**

The grantee must have a written agreement with each sub-recipient and establish written standards and guidelines for all delegated project activities consistent with the appropriate section(s) of the Title X Program Requirements, as well as other applicable requirements (45 CFR parts 74 and 92).

Observations:

Sub-recipient agreements include references to the Title X requirements and guidelines. In addition, the Family Planning Policy and Procedure Manual contains a section on “Service Site and Contract Agency Responsibilities” that reiterates these requirements.

Finding:

This requirement was MET.

**8.3.2 Sub-recipient Contracting of Services**

If a sub-recipient wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the grantee must be maintained by the sub-recipient (45 CFR parts 74 and 92).

Evidence that this requirement has been met include a signed subcontracting agreement stipulating compliance with Title X requirements, documentation of grantee approval of sub-contracts, and monitoring reports to ensure compliance.

Observations:

OCCHD does not have any sub-recipient agreements, but a clause in the OSDH agreement requires approval from OSDH.

Finding:

This requirement was NOT APPLICABLE

**8.3.5 Sub-recipient Participation in Development of Policies and Procedures.**

Sub-recipient agencies must be given an opportunity to participate in the establishment of ongoing grantee policies and guidelines (42 CFR 59.5 (a)(10)).

Evidence that this requirement has been met include a mechanism for sub-recipient participation in the policies and procedures and documentation of the sub-recipients’ inclusion.

Observations:

The inclusion of sub-recipients is stated in the program administration manual and sub-recipients review, comment on, and approve all policies and procedures along with OSDH staff.

Finding:

This requirement was MET.

**8.5 Project Personnel**

**8.5.1 Federal and State Personnel Requirements**

Grantees and sub-recipients personnel policies must comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language.



Evidence that this requirement has been met includes grantee and sub-recipient personnel policies and procedures create a process to avoid discrimination in personnel administration.

Observations:

The policies and procedures for the service and contract sites' responsibilities include this statement, and it is included as part of the sub-recipient site visit review tool

Finding:

This requirement was MET.

### **8.5.2 Cultural Competency**

Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b)(10)).

Evidence that this requirement has been met includes grantee and sub-recipient personnel policies and procedures regarding cultural competency that has been implemented through training and client surveys.

Observations:

The policies and procedures for the service and contract sites' responsibilities include this statement and all staff must complete training in the topic and such training is documented.

Finding:

This requirement was MET.

### **8.5.3 Project Director**

Projects must be administered by a qualified project director, and changes in the project director or other key personnel must be approved by the Office of Grants Management. (HHS Grants Policy Statement, 2007 Section II-54.)

Evidence that this requirement has been met includes documentation of OGM approval of personnel changes during the project period.

Observations:

No personnel changes requiring OGM approval occurred during the current grant. Prior approval was sought and granted for the new MCH Director in 2014.

Finding:

This requirement was NOT APPLICABLE

## **8.6 Staff Training and Project Technical Assistance**

### **8.6.1 Orientation and In-Service Training**



Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites (42 CFR 59.5(b)(4)).

Evidence that this requirement has been met includes grantee and sub-recipient staff training needs assessment and plan and records of personnel trainings completed.

Observations:

The OSDH program has an orientation program for all new employees, an annual assessment for additional training needs, and a training plan to address these needs.

Finding:

This requirement was MET.

**8.6.2 Mandatory Reporting Training**

The project's orientation/in-service training includes training on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking.

Evidence that this requirement has been met includes grantee and sub-recipient policies and procedures for meeting these training requirements, and training attendance records.

Observations:

The policies and procedures manual includes information on mandatory reporting, records indicate all staff have completed training in this area and records are checked during service site visits.

Finding:

This requirement was MET.

**8.7 Planning and Evaluation**

Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5 (b) (6) and (7)).

Evidence that this requirement has been met includes written monitoring plans, documented periodic review of work plan progress, and timely, complete, and accurate submission of FPAR data.

Observations:

The program has a work plan that is updated at least annually, the program has also identified two quality assurance elements that are calculated and reported back to the service sites (the percentage of clients using LARCs and the no-show rate). FPAR submission was completed on-time with only one validation that involved only adding a note regarding local income not including in-kind goods or services.

Finding:

This requirement was MET.

### **9.1 Low-Income Families**

Priority for project services is to persons from low-income families (Section 1006(c)(1), PHS Act; 42 CFR 59.5(a)(6)).

Evidence that this requirement has been met includes more than 50% of clients are at or below 100% FPL as reported on the FPAR and service site locations are accessible to low-income individuals.

#### Observations:

The 2014 and 2015 OSDH FPAR percentages for those under 100% FPL was 73%. Both clinics visited were on a bus line and OSDH operates at least one clinic in all but seven very rural counties.

#### Finding:

This requirement was MET.

### **9.2 Dignity of the Individual**

Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a)(3)).

Evidence that this requirement has been met includes appropriate policies, direct observation of clinic operations that indicate protection of client privacy, and documentation which outlines clients' rights and responsibilities.

#### Observations:

OSDH policies and procedures includes protecting client privacy, patient rights are posted, and all clients have a documented receipt of the HIPAA notification. In-take and financial interviews in one site visited, however, were open to the waiting room and could be heard by occupants in that area.

#### Finding:

This requirement was **NOT MET**.

OSDH **must** ensure that client privacy is maintained when collecting personal data.

### **9.3 Non-Discrimination**

Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)).

Evidence that this requirement has been met includes written policies and procedures stating non-discrimination, documentation that staff have been informed of non-discrimination policies, and documentation of monitoring of sub-recipients for non-discrimination.

#### Observations:

OSDH has policies and procedures regarding non-discrimination and staff sign a reminder at least once a project period regarding this requirement.

Finding:

This requirement was MET.

**9.4 Referral for Related Social Services**

Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)).

Evidence that this requirement has been met includes documentation that social service and medical needs of the community has been assessed and relevant services identified, sub-recipients are required to develop and implement plans to address relevant service needs, and current, written agreements with relevant referral agencies exist.

Observations:

OSDH completes a state-wide needs assessment and has developed written agreements with community health centers for cross-referrals between primary care and provision of contraceptives. The county health unit can provide in-house referrals for dietician/nutrition counseling, WIC, and dental. OCCHD has primary care referrals to the primary care clinic co-located with them and have a number of different written MOUs for various services. Additionally, clinics also provide clients with brochures regarding specialized services, such as transportation and social/medical services, but these do not have written agreements.

Finding:

This requirement was MET.

**9.5 Referral Arrangements**

Projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5 (b)(8)).

Evidence that this requirement has been met includes written policies requiring plans to coordinate with other service providers and current, written agreements with relevant referral agencies exist.

Observations:

OSDH has a policy and procedure regarding referrals and written agreements with community health centers for cross-referrals between primary care and provision of contraceptives exist for some clinical issues, including the two sites visited.

Medical files included referrals for some clinical issues to outside service providers without a written agreement between the OSDH and the service provider. Such referrals do not follow OSDH policies and procedures or Title X requirements for written agreements.

Finding:

This requirement was **NOT MET**.

OSDH **must** ensure referrals meet Title X requirements.

### **9.9 Residency Requirements**

Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b)(5)).

Evidence that this requirement has been met includes written policies prohibiting imposition of residency requirement at the grantee and sub-recipient level.

#### Observations:

OSDH policies and procedures include a prohibition of any residency requirement for services and all staff have signed an annual reminder of this requirement.

#### Finding:

This requirement was MET.

### **9.12 Legislative Mandates**

Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:

“None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”

“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

Evidence that this requirement has been met includes written policies and procedures informing staff on a periodic basis of these requirements and documentation that staff have been formally informed of this requirement at least once during the project period, medical records document adolescents are encouraged to seek family participation.

#### Observations:

OSDH covers these requirements in their adolescent counseling policies and procedures (pages 1 and 2). In addition all staff sign an annual reminder of this requirement and these are on-file with the grantee. Medical records document this counseling for all adolescents.

#### Finding:

This requirement was MET.

## **10. Confidentiality**

Every project must have safeguards to ensure client confidentiality. Information obtained by project staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).

Evidence that this requirement has been met includes written policies and procedures requiring safeguarding of client confidentiality, documentation that staff have been formally informed of this requirement at least once during the project period, clinical protocols have statements regarding client confidentiality, record systems adequately ensure privacy and confidentiality, clients are informed of HIPAA privacy forms, consent form or other documentation indicates clients are informed, materials regarding the availability of confidentiality are available to clients, and the physical layout allows for confidentiality and privacy.

Observations:

Systems are in place to ensure bills are not sent to clients requesting confidentiality, and staff note how to contact clients requesting such confidentiality. OSDH policies and procedures include protecting client privacy, patient rights are posted as well as all clients have a documented receipt of the HIPAA notification. In-take and financial interviews in one site visited, however, were open to the waiting room and could be heard by occupants in that area.

Finding:

This requirement was **NOT MET**.

OSDH **must** ensure that client privacy is maintained when collecting personal data.

## **11. Community Participation, Education, and Project Promotion**

### **11.1 Community Participation**

Title X grantees and sub-recipient agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services (42 CFR 59.5(b)(10)).

Evidence that this requirement has been met includes written policies and procedures to ensure participation of individuals broadly representative of the community in the project plan, a community engagement plan, and documentation of the implementation of the community engagement plan.

Observations:

OSDH has policy and procedures in place to ensure community participation. The program has a youth advisory team, the county health departments work with community groups to share program activities and information, and community representatives consult with potential clients to gain a broader perspective. All service sites must develop a community engagement plan and

submit it for review and approval at the state department level and report activities once a quarter.

Finding:

This requirement was MET.

**11.2 Community Assessment Programs**

Projects must establish and implement planned activities to facilitate community awareness of and access to family planning services (42 CFR 59.5(b)(3)). Each family planning project must provide for community education programs (42 CFR 59.5(b)(3)).

The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.

Evidence that this requirement has been met includes documentation of a periodic community needs assessment, a written community education and service promotion plan, documentation of an evaluation and modification to plan as needed.

Observations:

Service sites conduct client surveys and OSDH conducts a statewide needs assessment every three years. All service sites must develop a community engagement plan and submit it for review and approval at the state department level and report activities once a quarter.

Finding:

This requirement was MET.

**11.3 Goals of Community Education**

Community education should serve to:

- enhance community understanding of the objectives of the project,
- make known the availability of services to potential clients,
- encourage continued participation by persons to whom family planning may be beneficial (42 CFR 59.5 (b)(3))

Evidence that this requirement has been met includes a plan that:

- (a) states that the purpose is to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial
  - (b) promotes the use of family planning among those with unmet need,
  - (c) utilizes an appropriate range of methods to reach the community
  - (d) includes an evaluation strategy.
- and that such a plan has been implemented.

Observations:

OSDH includes these elements as part of their policies and procedures, and all service sites must develop a community engagement plan and submit it for review and approval at the state department level and report activities once a quarter. The program has also developed brochures to share with potential clients



Finding:

This requirement was MET.

## **12. Information and Education (I&E) Materials Approval**

### **12.1 The Approval Process**

Title X grantees and sub-recipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational (I&E) materials developed or made available under the project prior to their distribution (Section 1006 (d)(2), PHS Act; 42 CFR 59.6(a)).

Evidence that this requirement has been met includes written policies and procedures regarding the review of all materials prior to use with clients and documentation that the committee has reviewed and approved them.

Observations:

OSDH has an active I&E Committee that reviews and approves brochures, etc. developed and distributed by the state office. Sites are also provided templates that can be used to develop site-specific information. These materials, however, were not reviewed or approved by the I&E committee. At both sites visited such unapproved materials were being distributed to clients.

Finding:

This requirement was **NOT MET**.

OSDH **must** ensure all I&E materials given to Title X clients have been reviewed and approved by the I&E committee.

### **12.2 The I&E Committee**

The committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex and age) of the population or community for which the materials are intended (42 CFR 59.6 (b)(2)).

Evidence that this requirement has been met includes an established board that is broadly representative of the population served, a process in place for sub-recipients, and documentation that the committee meets the representation requirement.

Observations:

The OSDH I&E Committee consists of seven individuals, primarily from the health department, but also some from the community. None are adolescents. One community representative does consult with youth in her project about materials she receives for review and another Youth Advisory Board also has input.

Finding:

This requirement was **NOT MET**.



OSDH **must** ensure the I&E Committee is broadly representative of the population, including youth.

### **12.3 Composition of the I&E Committee**

Each Title X grantee must have an Advisory Committee of five to nine members, except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6 (b)(1)). The Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X (Section 1006(d)(1), PHS Act; 42 CFR 59.6(a)).

Evidence that this requirement has been met includes policies and procedures regarding the committee, a current the roster/list of committee members, and current, written meeting minutes.

#### Observations:

The OSDH I&E Committee consists of seven individuals and policies and procedures are in place for its operations and meeting minutes exist with their review and decisions.

#### Finding:

This requirement was MET.

### **12.5 Delegation of I&E Functions**

The grantee may delegate I&E functions for the review and approval of materials to sub-recipient agencies; however, the oversight of the I&E review process rests with the grantee.

Evidence that this requirement has been met includes policies and procedures that cover such delegation, monitoring of sub-recipients, and documentation of such monitoring.

#### Observations:

The OSDH supports the only I&E committee operating for the project.

#### Finding:

This requirement was **NOT APPLICABLE**

### **12.6 I&E Committee Responsibilities**

The I&E Advisory Committee(s) must:

- Consider the educational and cultural backgrounds of the individuals to whom the materials are addressed;
  - Consider the standards of the population or community to be served with respect to such materials;
  - Review the content of the material to assure that the information is factually correct;
  - Determine whether the material is suitable for the population or community to which it is to be made available; and
  - Establish a written record of its determinations
- (Section 1006(d), PHS Act; 42 CFR 59.6(b))

Evidence that this requirement has been met includes policies and procedures addressing these elements and documentation that all components are reviewed.

Observations:

OSDH I&E Committee deliberations include those elements required by federal regulations and records exist concerning their review and approval/disapproval of the materials.

Finding:

This requirement was MET.

### **13. Additional Administrative Requirements**

#### **13.1.1 Limited English Proficiency**

Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (August 4, 2003) (HHS Grants Policy Statement 2007, II-23).

Evidence that this requirement has been met includes policies regarding the provision of language assistance and documentation that staff are aware of such policies.

Observations:

OSDH has policies and procedures regarding language assistance for those with limited English proficiency. Some staff at most sites are bilingual (usually Spanish), and those with other languages can have a translator by phone. One site posted the availability of translation services at the front desk and a large poster with a variety languages on a waiting room wall. The other site visited (recently relocated) posted the availability of translation services only in English.

Finding:

This requirement was **NOT MET**.

OSDH **must** ensure all clients, especially those with minimal to no ability in English, are aware of the availability of translation services.

#### **13.1.2 Prohibition of Disability Discrimination**

Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities (45 CFR 84).

Evidence that this requirement has been met includes policies and procedures that ensure those with a disability can access services, documentation regarding accommodations to disabled clients, and project sites free of any obvious barriers.

Observations:

OSDH has policies and procedures in place and the facilities were accessible to those with disabilities.

Finding:

This requirement was MET.

**13.2 Emergencies Management**

All grantees, sub-recipients and Title X clinics are required to have a written plan for the management of emergencies (29 CFR 1910, subpart E) and clinical facilities must meet applicable standards established by Federal State and local governments (e.g. local fire, building, and licensing codes).

Evidence that this requirement has been met includes current disaster plans, staff identification of emergency evacuation routes, documentation of staff training, recognizable and barrier-free exits, and documentation that sub-recipients are in compliance.

Observations:

OSDH has policies and procedures in place, staff are trained and a record of drills maintained, emergency exits are marked and maps indicating the exit routes are posted. OSDH monitors site compliance with policies and procedures as part of their regular site visits.

Finding:

This requirement was MET.

**13.3 Prohibition of Personal Gain**

Projects are required to establish policies to prevent employees, consultants, or members of governing/advisory bodies from using their positions for purposes that are, or give the appearance of being motivated by a desire for private financial gain for themselves or others (HHS Grants Policy Statement 2007, II-7).

Evidence that this requirement has been met includes policies that prohibit personal financial gain and documentation that grantees have assured sub-recipients are in compliance.

Observations:

OSDH policies and procedures cover this prohibition in its administrative policies and sub-recipients are monitored for compliance.

Finding:

This requirement was MET.

**13.4 Human Subjects Research**

Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The grantee/sub-recipient should advise their Regional Office in writing of any research projects that involve Title X clients (HHS Grants Policy Statement 2007, II-9).

Evidence that this requirement has been met includes written policies regarding the use of human subjects and documentation that grantees have assured sub-recipients are in compliance.

Observations:

OSDH has policies and procedures in place regarding human subjects research and includes such requirements in the contract for any sub-recipients. Sub-recipients are also monitored for compliance.

Finding:

This requirement was MET.

## Title X Program Requirements

### *Financial Aspects*

#### **8.2 Prohibition on Abortion**

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning.

Systems must be in place to assure adequate separation of any non-Title X activities from the Title X project.

#### Observations:

Oklahoma State Department of Health Maternal and Child Health policies and procedures, including the sub-recipient contract reviewed contain provisions prohibiting abortion as a method of family planning.

#### Finding:

This requirement was MET.

#### **8.3 Structure and Management**

##### **8.3.3 Purchase Authorization**

The grantee must ensure that all services purchased for project participants will be authorized by the project director or his designee on the project staff (42 CFR 59.5(b)(7)).

Evidence that this requirement has been met includes policies and procedures providing for a purchase approval process and documentation of purchases following appropriate policies and procedures.

#### Observations:

Oklahoma State Department of Health procurement policies and procedures provide and allow for the Title X Project Director to review and approve Title X-related purchases.

#### Finding:

This requirement was MET.

##### **8.3.4 Contracted Services Follow Established Schedule of Fees**

The grantee must ensure that services provided through a contract or other similar arrangement are paid for under agreements that include a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary (42 CFR 59.5(b)(9)).

Evidence that this requirement has been met includes a schedule of payments as part of the contract and the costs for services have a documented basis for rates.

Observations:

The sub-recipient agreement contains a voucher submission process and procedures and the amount of the sub-award.

Finding:

This requirement was MET.

**8.3.6 Financial Management System**

The grantee and each sub-recipient must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Notice of Award, and which complies with Federal standards that will support effective control and accountability of funds, as required (45 CFR parts 74.20 and 92.20).

Evidence that this requirement has been met includes financial policies and procedures references to appropriate federal regulations and records and other documentation to indicate practices align with Title X and other federal regulations.

Observations:

A review of recipient and sub-recipient financial policies and procedures reference 45CFR74 remain applicable and have not been updated include 45CFR75 and 2CFR 200 Part D.

Finding:

This requirement was **NOT MET**.

The OSDH NOA dated March 24, 2015 requires compliance with 2 CFR Part 200 and 45 CFR Part 75 which replace 45CFR Part 74 or 92. Accordingly, OSDH **must** update its financial policies and procedures to be consistent with 2 CFR Part 200 and 45 CFR Part 75.

**8.4 Charges, Billings, and Collections**

**8.4.1 Charges to Those Below 100% of Federal Policy Levels and Third-Party Payers**

Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)).

Evidence that this requirement has been met includes financial policies and procedures regarding collection of clients' income data, including legally accessing income information from another program or clients self-reported income; documentation that those below 100% FPL are not charged; and the income reporting process does not create a barrier to receipt of services.

Observations:

Recipient and sub-recipient billing and collection policies require clients whose documented income is at or below 100% must not be charged while third parties authorized and/or legally obligated to pay for services must be billed. Policies also prohibit denying services to persons with an inability to pay. Additional policies require providing services to clients unable to document their income.

Finding:

This requirement was MET.

**8.4.2 Schedule of Discounts**

A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL) (42 CFR 59.5(a)(8)).

Evidence that this requirement has been met includes financial policies and procedures regarding development of a schedule of discounts and documentation that these discounts are applied appropriately.

Observations:

Both the recipient and sub-recipient had a schedule of discounts based on ability to pay as determined by the sliding fee scale and applicable to clients with family incomes between 101% and 250% of the current FPL. The recipient's practice management system, Public Health Oklahoma Client Information System (PHOCIS) which the sub-recipient is also required to use, calculates the appropriate discount based on inputted client family size and income data.

While the written policy states that clients with family incomes between 101% and 250% of FPL do not pay more in co-payments or additional fees than they would otherwise pay when the schedule of discounts is applied, discussion with front desk staff and review of patient registration information indicate the sliding fee scale is not applied to insurance co-pays and deductibles.

Finding:

This requirement was **NOT MET**.

OSDH **must** ensure staff follow its policy regarding the application of the Title X sliding fee scale to co-payments or additional fees for clients with family incomes between 101% and 250% of FPL.

**8.4.3 Waiving of Fees**

Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).

Evidence that this requirement has been met includes policies and procedures for waiving fees and documentation that any determination to waive the fee is made by the service site director, is documented and the client is informed of the determination.

Observations:

OSDH has a written policy for the service site administrator to waive fees for those with "good cause." Staff, however, do not appear to distinguish between waiving fees under such circumstances and extending credit for those unable to pay. In addition, OSDH procedures do not indicate how clients are to be made aware of this option or the steps involved for staff to



complete such documentation for the administrator, or MCH for other circumstances, to make that decision. At present, OSDH staff exercises a de facto fee waiver when client account balances are allowed to accrue until they are written off as uncollectible.

Finding:

This requirement was **NOT MET**.

OSDH **must** develop and implement effective procedures to ensure Title X client fees are waived as indicated by policies.

**8.4.4 Determining the Cost of Services**

For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).

Evidence that this requirement has been met includes policies and procedures for determining the cost of services and documentation that charges are applied appropriately.

Observations:

OSDH has policies and procedures in place regarding the development and approval of both the state and contractor fee schedules. The fee schedule currently in use by one sub-recipient, while approved by OSDH, is below both what the sub-recipient needs to recover its reasonable costs as well as that used by OSDH. No justification for the approval of such a fee schedule in deviation to Title X requirements was provided.

Finding:

This requirement was **NOT MET**.

OSDH **must** ensure approval of contractor Title X fee schedules provide a justification when deviating from Title X requirements.

**8.4.5 Charges for Confidential Services**

Eligibility for discounts for un-emancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2).

Evidence that this requirement has been met includes policies and procedures for determining if the minor is seeking confidential services and charging the minor based on his/her own income and documentation that charges are applied appropriately.

Observations:

OSDH policies and procedures require a minor seeking confidential services be charged based solely on his or her income, and record reviews and front staff interviews confirmed this practice.

Finding:

This requirement was **MET**.



#### **8.4.6 Third Party Payment**

Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts (42 CFR 59.5(a)(9)).

Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

Evidence that this requirement has been met includes policies and procedures regarding billing third parties and assessing co-pays, contracts with third party payers, and a review of records indicates appropriate assessment and charges.

#### Observations:

OSDH participates in Medicaid, Medicare and has contracts with three private third-party payers and bills for services. See section 8.4.2 regarding the application of the sliding fee schedule to co-pays and other fees.

#### Finding:

This requirement was MET.

#### **8.4.6 Title XIX and Title XX Reimbursements**

Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or sub-recipient agency is required (42 CFR 59.5(a)(9)).

Evidence that this requirement has been met includes up-to-date written agreements at both the grantee and/or sub-recipient level.

#### Observations:

Both OSDH and the sub-recipient visited have policies and procedures regarding participation in both the Medicaid and Medicaid waiver program. Accounts receivable records indicate reimbursements are received from these programs.

#### Finding:

This requirement was MET.

#### **8.4.8 Fee Collection**

Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.

Evidence that this requirement has been met includes policies and procedures providing safeguards that protect client confidentiality, particularly in cases where sending an explanation of benefits could breach client confidentiality, and documentation at service sites demonstrating the sites maintain confidentiality when billing and collecting payments.

Observations:

OSDH and sub-recipient policies and procedures include adequate safeguards to protect client confidentiality, including cases where sending an explanation of benefits could breach client confidentiality. In addition clinic front desk staff were observed implementing the policy.

Finding:

This requirement was MET.

**8.4.9 Voluntary Donations**

Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.

Evidence that this requirement has been met includes policies and procedures that provide for voluntary donations and documentation and observation of requests for donations indicate no pressure for such payments.

Observations:

OSDH policies and procedures allow for voluntary donations and prohibit clinic staff from pressuring clients for donations. Direct observations of clinic processes demonstrated that the policy was being followed.

Finding:

This requirement was MET.

**8.5 Project Personnel**

**8.5.5 Salary Limits**

Appropriate salary limits will apply as required by law.

Evidence that this requirement has been met includes budgets and payroll records correspond to the most current family planning services Funding Opportunity Announcement (FOA).

Observations:

OSDH and sub-recipient budgets and staff assurances indicate adherence to appropriate salary limits as required by law and stipulated in the NOA.

Finding:

This requirement was MET.

**10. Confidentiality**

Every project must have safeguards to ensure client confidentiality. Information obtained by project staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be

disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).

Evidence that this requirement has been met includes third-party billing does not breach confidentiality.

Observations:

OSDH policies contain safeguards, including procedural requirements to ensure patient confidentiality on all forms.

Finding:

This requirement was MET.

## Title X Requirements

### *Clinical*

#### **8.1.2 Prohibition of Prerequisite for Other Services**

Clients are aware that receipt of family planning services is not used as a prerequisite for receipt of other services from the service site.

Medical record review demonstrates that each client has signed a general consent form or other documentation indicating they are aware that receipt of family planning services is not a prerequisite for receipt of any other services offered.

#### Observations:

Medical records reviewed include the family planning risk and benefit form that includes this notification.

#### Finding:

This requirement was MET.

### **8.5 Project Personnel**

#### **8.5.4 Medical Director**

Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5 (b)(6)).

Evidence that this requirement has been met includes documentation that 1) a physician is involved in medical/clinical services, 2) the Medical Director is involved in program operations, 3) the curriculum vitae indicates training or experience in family planning, and 4) clinical protocols are approved by the Medical Director.

#### Observations:

The project Medical Director, Dr. Pamela S. Miles, is an OB/GYN practitioner and professor with appropriate credentials who takes an active role in the program.

#### Finding:

This requirement was MET.

### **9.4 Referral for Related Social Services**

Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)).

Evidence that this requirement has been met includes documentation that referrals were made based on specific conditions/issues.

Observations:

OSDH medical records reviewed indicates a robust referral network available to reproductive health clients with appropriate follow up.

Finding:

This requirement was MET.

**9.6 Clinical Protocols**

All grantees should assure services provided within their project operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site.

Evidence that this requirement has been met includes written clinical policies and procedures that are aligned with nationally recognized standards of care and signed by a responsible physician, grantee monitoring of sub-recipients' policies for alignment with nationally recognized standards of care, and client records indicating services follow protocols.

Observations:

The OSDH Medical Director approved and signed all clinical protocols. Review of the protocols indicates they are based on nationally recognized standards promoted by ACOG and the USPTF.

Finding:

This requirement was MET.

**9.7 Provision of Family Planning Related Medical Services**

All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, and contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b)(1)). This includes, but is not limited to, emergencies that require referral.

Evidence that this requirement has been met includes written policies and procedures requiring family planning-related medical services, provision of breast and cervical cancer screening on-site, and written agreements with relevant referral agencies exist.

Observations:

Review of documents and direct observation of interaction of clinic personnel with clients indicate that grantee is providing comprehensive family planning services including breast and cervical cancer screening as well as appropriate referrals.

Finding:

This requirement was MET.

### **9.8 A Broad Range of Contraceptives**

All Title X projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents).

If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. (42 CFR 59.5(a)(1)).

Evidence that this requirement has been met includes medical records indicating provision of a broad-range of contraceptives; all services, when viewed as a whole, providing a broad range, with current stocks offering a broad range on-site or by referral; clinical protocols covering contraception, pregnancy testing and counseling, services for achieving pregnancy, STD services and preconception health services; and documentation that the grantee ensures sub-recipients comply with these requirements.

#### Observations:

All OSDH clinical sites visited during this program review offer a broad range of contraceptive options to the patient population. These include hormonal and non-hormonal options. Related services such as pregnancy testing, counseling, preconception and infertility services are readily available.

The program director, however, reports demand for long-acting reversible contraception (LARCs) exceeds current supplies, and some clinics keep a waiting list for those who desire such a method, but are unable to receive it because of limited availability. The OCCHD is able for referral, but is not convenient for clients with limited transportation options.

#### Finding:

This requirement was MET.

#### Recommendation:

OSDH **should** budget additional funds to ensure an adequate supply of LARCs for all clinics.

### **9.10 Pregnancy Diagnosis and Counseling**

Projects must provide pregnancy diagnosis and counseling to all clients in need of these services (42 CFR 59.5(a)(5)).

Evidence that this requirement has been met includes a written policy requiring provision of pregnancy diagnosis and counseling and clinic inventory and client record reviews indicate services were offered to all clients.

#### Observations:

Pregnancy diagnosis and counseling are available to all OSDH clients requesting this service. Medical records indicate appropriate counseling and follow up are completed for clients.

Finding:

This requirement was MET.

**9.11 Pregnancy Options Counseling**

Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

- Prenatal care and delivery;
- Infant care, foster care, or adoption; and
- Pregnancy termination.

If requested to provide such information and counseling, Title X staff must provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (42 CFR 59.5(a)(5)).

Evidence that this requirement has been met includes written policies and procedures regarding options counseling that are neutral and factual, referrals provided as requested, and medical records document such counseling and referrals.

Observations:

OSDH policies and procedures guide staff through options counseling. Medical records indicate appropriate counseling and necessary follow up have been documented.

Some of the materials provided clients, however, have **not** been reviewed and approved by the I&E committee (see Administrative finding 12.1)

Finding:

This requirement was MET.

## Quality Family Planning Implementation Assessment

This portion of the assessment follows the recommendations detailed in *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)*, which focuses on service provision consistent with the best available scientific evidence.

### 8.1 Voluntary Participation

#### 8.1.1 Client-Centered Services

A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered.

The key principles of providing quality, client-centered counseling include:

- 1) establish and maintain rapport with the client
- 2) assess the client's needs and personalize discussions accordingly
- 3) work with the client interactively to establish a plan
- 4) provide information that can be understood and retained by the client
- 5) confirm client understanding (See Appendix C of QFP for additional detail.)

#### Observations:

OSDH policies and procedures support client-centered services and counseling. Observation of interactions of medical staff with clients demonstrated good interaction between client and providers, and clients are encouraged to actively participate in their health care.

#### Finding:

This Quality Aspect is FULLY DEVELOPED.

### 8.7 Planning and Evaluation

Grantees should evaluate implementation of quality family planning services following the QFP framework, monitoring performance and improving efforts on an on-going basis.

quality improvement (QI) activities should include:

- 1) Monitoring the use of most- or moderately-effective contraceptive methods and long-acting reversible contraceptives
- 2) On-going QI processes related to contraceptive use
- 3) Monitoring contraceptive use at the service-site level
- 4) On-going QI processes at the service site level to respond to contraceptive use findings
- 5) QI efforts at the service site level related to other aspects of quality care
- 6) Use of HIT data to increase QI efforts

#### Observations:

The OSDH program has encouraged the use of LARCs, creating such a demand that not all requests can be filled immediately. OSDH clients were above the national average for adolescents and women using highly effective and moderately effective contraceptives. The program uses the percentage of women using LARCs at the service as part of their quality assurance process. The program does not have an electronic health record and as such, is limited in the ability to analyze data from the service sites.



Finding:

This Quality Aspect is **PARTIALLY DEVELOPED**.

Recommendation:

OSDH **should** develop its HIT/EHR capabilities to allow for more efficient and accurate QA/QI monitoring.

## **9.2 Client-Centered Services**

Quality services are client-centered, which includes providing services in a respectful and culturally competent manner, and are evidenced by:

- 1) A needs assessment to determine groups needed culturally competent care
- 2) Written policies and procedures requiring training in culturally competent care
- 3) Documentation that staff have received such training
- 4) Observation of a welcoming clinic environment
- 5) Client surveys document respectful treatment

Observations:

OSDH completed a needs assessment and identified priority populations to be served. The program has completed a series of mandatory cultural competence trainings on a variety of different populations and staff completion is documented. Policies and procedures include a waiving of fees for good cause and client surveys indicate the majority of clients view staff as respectful.

Finding:

This Quality Aspect is **FULLY DEVELOPED**.

## **9.6 Clinical Protocols**

Protocols follow QFP and are evidenced by:

- 1) Covering the full scope of QFP-defined family planning services
- 2) Sub-recipient protocols reflect latest QFP recommendations
- 3) Documentation of QFP training
- 4) Client records indicate services per QFP Tables 2 and 3

Observations:

OSDH clinical protocols include the full scope of family planning services indicated by QFP, medical records document that providers follow these protocols and clinicians have been trained on QFP.

Finding:

This Quality Aspect is **FULLY DEVELOPED**.

## **9.8 Adolescent Services**

The special needs of adolescents are addressed by:

- 1) Offering all services listed in the QFP
- 2) No out-stock of routinely offered contraceptives occurred in the past 6 months
- 3) FPAR data indicate services to adolescents close to or above the national average

- 4) FPAR data indicate services to males close to or above the national average
- 5) Medical records indicate adolescents have been counseled about abstinence, condoms and LARCs

Observations:

OSDH supports a full complement of reproductive health services is available to adolescents including a broad range of contraceptive methods. Appropriate counseling is provided. FPAR data indicate OSDH serves more than the national average for adolescents and less than the national average for males. At one site visited, the percentage of teen clients is below both the grantee's and national averages, but staff are aware of the issue and are working to increase the number served.

Finding:

This Quality Aspect is PARTIALLY DEVELOPED.

Recommendation:

OSDH **should** strategies to promote services among adolescents and males.

### **9.10 Pregnancy Testing and Counseling**

Pregnancy testing and counseling services should include:

- 1) Written protocols follow QFP recommendations, including reproductive life planning
- 2) Medical records indicate clients with positive pregnancy tests receive prenatal counseling and social support assessment
- 3) Medical records indicate clients with a negative pregnancy test who wish not to become pregnant are offered same-day contraception
- 4) Staff are trained in QFP pregnancy testing and counseling recommendations
- 5) Medical records and observation indicate pregnancy counseling follows QFP recommendations, including reproductive life planning

Observations:

OSDH policies and procedures comply with QFP recommendations, and medical records indicate that appropriate testing and counseling is taking place at the clinical level. All clients completed a checklist that includes the reproductive life planning elements. Referral systems are in place for pregnant clients

Finding:

This Quality Aspect is FULLY DEVELOPED.

### **13.1 Limited English Proficiency**

Providing services or materials to those with Limited English Proficiency include:

- 1) Materials are clear and easy to understand (e.g. 4<sup>th</sup>-6<sup>th</sup>-grade reading level)
- 2) Observation demonstrates that information is presented in a way that emphasizes essential points
- 3) Observation demonstrates that information on risks and benefits of different contraceptives or procedures are communicated in a way that is easily understood
- 4) Information provided during counseling is culturally appropriate

5) Educational materials are tailored to literacy

Observations:

Information is available to clients in English and Spanish, and a significant number of staff is bilingual (English/Spanish). A language line is available for instances in which a translator is not present (See Administrative section 13.1.1 regarding client notification of services). Cultural competency training covers a variety of different aspects throughout the year, and observations indicate clients receive counseling at appropriate levels.

Finding:

This Quality Aspect is FULLY DEVELOPED.